

## **COASTSWEEP Volunteer Sign In/Waiver**

Cleanup Orga			Cleanup Date:	Cleanup Location:	
hereby state the	hat I am qualified and pherials that may cause inj	ysically capable of accomplishing the ury if handled improperly. All material	work and activities for which I have volunteered. I unders	al cleanup organizers/beach managers. I understand the work that I have v cand that I may be collecting various types of marine debris, including broke ety (medical debris, chemical containers, 55 gallon drums) will be left in plac or any injuries that occur during the cleanup.	n glass, metal pieces,
person or to p employees, ar received an ap	roperty, which may resul nd agents from liability fo opointment to state servi	t from my actions while participating in r any damage or injuries resulting fro ce and I will not receive a salary or pa	in COASTSWEEP volunteer activities. I further agree to in m my actions, that are found to be outside the scope of the ayment from the Commonwealth. As such, I understand the	ees, and agents from all liability, claims, loss, damage, expenses and/or injudemnify, defend, and hold harmless the Commonwealth of Massachusetts, approved activities. I acknowledge that, by participating in these volunteer at I am not entitled to Workers Compensation and that I cannot make any crown work and, further, that I will provide my own health insurance.	CZM, and their activities, I have not
on websites a	nd sent to any media ou	lets in order to increase the publicity		wealth of Massachusetts, CZM, and the Ocean Conservancy in publications ass of the problem of marine debris. In addition, you affirm that you own the	
I have read					
(check & Ini	tial)	<u>Name</u>	<u>Address</u>	Emergency Conf	<u>:act (Name, #)</u>
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